



219 North Main Street, Suite 402

Barre, VT 05641 (p) 802-479-1030 | (f) 802-479-1835

## **Rule 4500: Restraint/Seclusion Documentation Report**

Check appropriate box:

**Staff Report to Administrator:** Any person who imposes a restraint or seclusion shall report its use to the school administrator as soon as possible, but in no event later than the end of the school day of its use.

**Administrator Report to Superintendent:** Reports to the Superintendent shall be made within three school days of the incident whenever:

- a. There is death, injury or hospitalization to staff or student as a result of a restraint or seclusion; or
- b. An individual employee or contracted service provider has engaged in the use of physical restraint or seclusion three (3) separate times on one (1) or more students; or
- c. Physical restraint has been used for more than fifteen (15) minutes; or
- d. Any student has been restrained or secluded three (3) or more times per school year; or
- e. A student has been restrained or secluded more than once in a school day; or
- f. A student is restrained or secluded who is not on a behavioral intervention plan; or
- g. Restraint or seclusion has been used in violation of these rules, including the use of any prohibited form of restraint. Learning environments other than public schools shall fulfill this reporting requirement by reporting to the Superintendent of the Supervisory Union/District that is the LEA or sending district for the student. If there is no sending district or LEA, this requirement shall be fulfilled by reporting to the Secretary of the Agency of Education (AOE).

**Superintendent Report to AOE Secretary:** The Superintendent of the Supervisory Union/District shall report the use of restraint or seclusion to the Secretary of the Agency of Education within three (3) school days of their receipt of the report whenever:

- a. There is death, injury requiring outside medical treatment or hospitalization to staff or student as a result of a restraint or seclusion; or
- b. Physical restraint or seclusion has been used for more than thirty (30) minutes; or
- c. Physical restraint or seclusion has been used in violation of these rules, including the use of any prohibited restraint or seclusion.

### **Definitions**

**Physical Restraint** means the use of physical force to prevent an imminent and substantial risk of bodily harm to the student or others. Physical restraint does not include:

- a. Momentary periods of physical restriction by direct person-to-person contact, accomplished with limited force and designed either to prevent a student from completing an act that would result in potential physical harm to himself/herself or another person; or to remove a disruptive student who is unwilling to leave the area voluntarily;
- b. The minimum contact necessary to physically escort a student from one place to another;
- c. Hand-over-hand assistance with feeding or task completion; or
- d. Techniques prescribed by a qualified medical professional for reason of safety or for therapeutic or medical treatment.

**Seclusion** means the confinement of a student alone in a room or area from which the student is prevented or reasonably believes he or she will be prevented from leaving. Seclusion does not include time-out where a student is not left alone and is under adult supervision.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Check if applicable: IEP  504  BIP  ESP  Other (please explain) \_\_\_\_\_

Name of school where the incident occurred: \_\_\_\_\_

Name of student's Supervisory Union or District: \_\_\_\_\_

Date incident occurred: (MM/DD/YYYY): \_\_\_\_\_

Time restraint/seclusion began: \_\_\_\_\_

Time restraint/seclusion ended: \_\_\_\_\_

Time restraint/seclusion began: \_\_\_\_\_

Time restraint/seclusion ended: \_\_\_\_\_

Time restraint/seclusion began: \_\_\_\_\_

Time restraint/seclusion ended: \_\_\_\_\_

Location of incident: Classroom  Hallway  Cafeteria  Playground  Other: \_\_\_\_\_

Precipitating event (what factors lead up to the student's escalating behaviors?): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for restraint/seclusion: (what did the student do that created an imminent risk of substantial physical injury or property damage?): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Less restrictive interventions used (describe the efforts made to de-escalate the student during the precipitating event and alternatives to restraint/seclusion that were attempted): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of restraint/seclusion used: Standing  Sitting  Floor Prone  Floor Supine  Other (explain) \_\_\_\_\_

---

For seclusion, describe setting: \_\_\_\_\_

Description of what occurred during restraint/seclusion: \_\_\_\_\_

---

---

---

---

---

List of school personnel who administered/monitored the seclusion or restraint:

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ School/Agency: \_\_\_\_\_

\_\_\_\_\_ Trained to administer restraint/seclusion: Yes  No

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ School/Agency: \_\_\_\_\_

\_\_\_\_\_ Trained to administer restraint/seclusion: Yes  No

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ School/Agency: \_\_\_\_\_

\_\_\_\_\_ Trained to administer restraint/seclusion: Yes  No

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ School/Agency: \_\_\_\_\_

\_\_\_\_\_ Trained to administer restraint/seclusion: Yes  No

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ School/Agency: \_\_\_\_\_

\_\_\_\_\_ Trained to administer restraint/seclusion: Yes  No

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ School/Agency: \_\_\_\_\_

\_\_\_\_\_ Trained to administer restraint/seclusion: Yes  No

Was there a death or injury requiring outside medical treatment or hospitalization to staff or student as a result of the restraint or seclusion? Yes  No

If yes, please describe: \_\_\_\_\_

Name and title of person who evaluated the student following the restraint/seclusion: \_\_\_\_\_

Time student was evaluated: \_\_\_\_\_ a.m. or \_\_\_\_\_ p.m.

Was the student monitored for the remainder of the day? Yes  No

Date verbal or electronic notification was provided to student's parents/guardians (as soon as possible and no later than the end of the school day on which the incident occurred): (MM/DD/YYYY): \_\_\_\_\_

Date written notification and description of the incident was provided to parents/guardians, including an invitation to participate in debriefing of the incident (within 24 hours of the incident): (MM/DD/YYYY):  
\_\_\_\_\_

Date on which a proper staff member debriefed the incident with the student (within two school days of the incident): (MM/DD/YYYY): \_\_\_\_\_

Date on which a debriefing occurred with the staff members involved (within two school days of the incident): (MM/DD/YYYY): \_\_\_\_\_

Date on which parents/guardians had an opportunity to participate in a review of the incident (within four school days of the incident): (MM/DD/YYYY): \_\_\_\_\_

Did the parents accept the invitation? Yes  No

All reports that are sent to the Secretary must use this mandated incident report form and must be sent via the U.S. postal service or hand delivered to the Agency due to concerns related to confidentiality.

**FOR AOE USE ONLY:**

- Reason for reporting to AOE: Injury \_\_\_\_\_ Duration \_\_\_\_\_ Violation \_\_\_\_\_
- Follow-up action requested:
  - No action \_\_\_\_\_ More information \_\_\_\_\_ Recommendations \_\_\_\_\_
  - Additional training \_\_\_\_\_ Corrective action \_\_\_\_\_
- Date follow-up action received: \_\_\_\_\_
- Date finalized: \_\_\_\_\_